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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0851-0031
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/063,746	
	Filing Date	02/25/2002	
	First Named Inventor	Ehrenburg, H.	
	Art Unit	2674	
	Examiner Name	Kimhng T. Nguyen	
Total Number of Pages in This Submission	48	Attorney Docket Number	EhrenburgCIP

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Patent Application Fee Determination Record CCPF \$358		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	David Pressman	
Signature	<i>David Pressman</i>	
Printed name	David Pressman	
Date	2004 Nov 8	Reg. No. 21,104

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature	<i>David Pressman</i>	
Typed or printed name	David Pressman	Date 2004 Nov 8

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PTO/SB/06 (08-03)

Approved for use through 7/31/2008 OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number SN 10/083,746	
Substitute for Form PTO-875						
CLAIMS AS FILED - PART I						
(Column 1)		(Column 2)		SMALL ENTITY		OR
FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEE	
BASIC FEE (37 CFR 1.16(a))					\$	
TOTAL CLAIMS (37 CFR 1.16(d))				X \$		
INDEPENDENT CLAIMS (37 CFR 1.16(d))				X \$		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+ \$		
				TOTAL		
* If the difference in column 2 is less than zero, enter "0" in column 2.						
CLAIMS AS AMENDED - PART II						
(Column 1)		(Column 2)		SMALL ENTITY		OR
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	
Total (37 CFR 1.16(a))	73	43	30	X \$ 9	270	
Independent (37 CFR 1.16(d))	6	4	2	X \$ 44	88	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$		
				TOTAL ADD'L FEE	358	
(Column 1)		(Column 2)		SMALL ENTITY		OR
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	
Total (37 CFR 1.16(a))				X \$		
Independent (37 CFR 1.16(d))				X \$		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$		
				TOTAL ADD'L FEE		
(Column 1)		(Column 2)		SMALL ENTITY		OR
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	
Total (37 CFR 1.16(a))				X \$		
Independent (37 CFR 1.16(d))				X \$		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$		
				TOTAL ADD'L FEE		

* If the entry in column 1 is less than the entry in column 2, write "0" in column 2.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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